
 <div style="display: inline-block; vertical-align: middle; text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 94730 / 94730-XX		2. EPA Product Manager Jacquelyn Herrick	
4. Company/Product (Name) Generic Crop Science / Bifenthrin Technical		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include Zip Code) Generic Crop Science, LLC 10529 Heritage Bay Blvd. Naples, FL 34120 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b) (I), my product is similar or identical in composition and labeling to: EPA Reg. No.: 5905-634 Product Name: Bifenthrin Technical	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.)			
PRIA Code - R333			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) Fiber board drum
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 25 kg, 40 kg, 50 kg, 120 kg, bulk	
		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Rachel L Hardie		Title Agent Telephone No. (Include Area Code) (302) 635-7289 (rachel@wagnerreg.com)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Agent	
4. Typed Name Rachel L Hardie		5. Date December 9, 2019	